PETITION FOR EXTENSION OF TIME **UNDER 37 CFR 1.136(a)**

Docket	Number
Q96479	9

Confirmation Number **FY 2009** 3051 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) September 1, 2006 Filing Date Application Number 10/591,421 FUSED HETEROCYCLE DERIVATIVE, MEDICINAL COMPOSITION CONTAINING THE SAME, AND For MEDICINAL USE THEREOF Michael C. Henry 1623 Examiner Name Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee <u>Fee</u> \$65.00 \$130.00 One month (37 CFR 1.17(a)(1)) \$245.00 \$490.00 Two month (37 CFR 1.17(a)(2)) \$1,110.00 \$1110.00 \$555.00 Three month (37 CFR 1.17(a)(3)) \$865.00 \$1730.00 Four month (37 CFR 1.17(a)(4)) \$1175.00 Five month (37 CFR 1.17(a)(5)) \$2350.00 **Date Submitted Previous Payment Amount**

	Applicant claims small entity status. See 37 CFR 1.27				
	A check in the amount of the fee is enclosed.				
	Payment by credit card.				
	The Director has already been authorized to charge fees in this application to a Deposit Account.				
Ø	The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.				
l am	the		applicant/inventor assignee of record of the entire interest. See 37 CF Statement under 37 CFR 3.73(b) is enclosed (Form		
		Ø	attorney or agent of record. Registration Number	40,641	
			attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		

WASHINGTON OFFICE 23373

CUSTOMER NUMBER

May 20, 2011 /Jennifer M. Hayes/ Date Signature (202) 293-7060 Jennifer M. Hayes Telephone Number Typed or printed name

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 $\sqrt{}$ Total of 1 form is submitted.